

BACTERIOLOGICAL ANALYSIS

Public Water Supply

Section I: System Information (to be completed by Department of Natural Resources/SAMPLER)

System Name		City/Village	System Type <input type="checkbox"/> MC <input type="checkbox"/> NN
PWS ID	Route Code	County/County Code	<input type="checkbox"/> OC <input type="checkbox"/> TN
Phone/Name/Address		Sampler Read sampling instructions on back of form. Complete all information in Sections I, II, and III. Lab will complete Section IV.	

Collect sample between: _____ and _____ Return results to DNR by: _____

Section II: Sample Information (to be completed by SAMPLER)

Sample Type (check one box only)

- | | |
|---------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------|
| <input type="checkbox"/> D - Distribution and Routine Follow-ups | <input type="checkbox"/> N - New |
| <input type="checkbox"/> C - Check: Taken at same location as Unsafe Sample
Unsafe Sample Collection Date: ____/____/____
Unsafe Sample ID: _____ | <input type="checkbox"/> I - Investigation |
| <input type="checkbox"/> R - Repeat | <input type="checkbox"/> W - (Raw) Water
Well No: _____ |

Name of Sampler	Address where sample was collected (example: 114 Water Street)
Sample Collection Date ____/____/____	Sample Point Description (example: Laundry Tap)
Time Sample Collected: ____:____ <input type="checkbox"/> a.m. <input type="checkbox"/> p.m.	Comments

Section III: System Test Result Information (to be completed by SAMPLER)

Was chlorine being added to system at the time sample was collected?

- ☐ No.
- ☐ Yes. Free chlorine residual at sample point: _____ PPM

Section IV: Lab Test Result Information (to be completed by LABORATORY)

Laboratory Result <input type="checkbox"/> Safe (Coliform Absent) <input type="checkbox"/> Unsafe (Coliform Present) and: <input type="checkbox"/> Fecal/E Coli Present <input type="checkbox"/> Fecal/E Coli Absent ____/____/____ Date PWS Notified of Unsafe <input type="checkbox"/> Invalid (Submit another Sample) <input type="checkbox"/> Old <input type="checkbox"/> Frozen <input type="checkbox"/> Overgrown <input type="checkbox"/> Lab Accident <input type="checkbox"/> Chlorine Present <input type="checkbox"/> Shipping Problem		Approved Enzyme Substrate Method (Each method requires 100 mL of sample) <input type="checkbox"/> Colilert® <input type="checkbox"/> E*Colite® <input type="checkbox"/> Colilert-18® <input type="checkbox"/> MI Agar <input type="checkbox"/> Colisure® <input type="checkbox"/> Other: _____ (Print Approved Method)	
Laboratory Name		Date Received	Sample ID
WI Bacteriological Certification Number		Laboratory Phone Number	Date Reported

INSTRUCTIONS FOR BACTERIOLOGICAL SAMPLING

Notes on the Sample Type

Compliance, Distribution, and Routine Follow-Up Sample

1. Collect samples from sites listed in the approved Sampling Site Plan (contact your nearest DNR office if you do not have a site plan).
2. Collect Compliance Distribution samples at the frequency specified in the approved Sampling Site Plan.
3. Collect 5 Routine Follow-up samples throughout the calendar month following the unsafe sample collection date.

Check Sample

1. Collect sample at the same location as the original unsafe sample.
2. Collect within 24 hours of notification of the original unsafe sample, except on weekends or post office holidays. If your sample bottles do not arrive within 24 hours, sample as soon as they arrive, except on weekends or post office holidays.

Repeat Sample

1. Collect samples within 5 service connections upstream and downstream of the original unsafe sample, unless there is only one service connection.
2. Collect samples within 24 hours of notification of the original unsafe sample, except on weekends or post office holidays. If your sample bottles do not arrive within 24 hours, sample as soon as they arrive, except on weekends or post office holidays.

New Construction, Raw Water, or Investigation Sample

1. Collect samples as needed or according to DNR staff directive.

SAMPLING INSTRUCTIONS

1. Avoid plastic, swing, and goose-neck faucets.
2. Find out when the mail leaves the post office and collect the sample just prior to that mailing. Plan to mail the sample early in the week (avoid Fridays and Federal Holidays) and guarantee its arrival at the lab the following day.
3. Remove any faucet aerator, gasket, screen or hose and run the water until cold.
4. Sterilize the tap or faucet using a propane or butane torch. Hold the flame beneath the tap or faucet opening for 20 seconds. Move the flame continuously to prevent damage to the faucet.
5. Run the cold water, at medium force, for at least 5 minutes before collecting samples. Do not change the flow rate or wash or wipe the tap before collecting the sample.
6. Remove the safety seal, and then remove the sample bottle cap without touching the inside of the cap or bottle. Hold onto the cap while sampling.
7. Fill bottle to within one-half inch of the top. Replace cap securely.
8. Send the water sample and this complete form to a laboratory that is Safe Drinking Water Act certified for the testing of total fecal coliform/E. coli bacteria in drinking water.

For Additional Information, Contact Your Nearest DNR Office

South Central Region, Fitchburg:	(608) 275-3266	West Central Region, Eau Claire:	(715) 839-3700
Northeast Region, Green Bay:	(920) 492-5844	Northern Region, Spooner:	(715) 635-2101
Southeast Region, Milwaukee:	(414) 263-8635	Northern Region, Rhinelander:	(715) 365-8900

Notice: This form must be submitted with laboratory samples analyzed to determine compliance with ch. NR 809, Wis. Adm. Code, Safe Drinking Water. Completion of this form or a similar form approved by the Department is mandatory. Failure to submit a completed form to the Department is a violation punishable by a forfeiture of no less than \$10 nor more than \$5000, or by a fine of not less than \$10 or more than \$100 or imprisonment of not less than 30 days, or both. Each day of continued violation is a separate offense (ss. 144.99, Wis. Stats.). Authorization for these requirements is under s. 280.13(d), Wis. Stats. and ch. NR 809.80(9). Personally identifiable information on this form will be used for no other purposes.